

Buy Direction Letter General Form

PO Box 9 Cedar City, UT 84721 Phone: 888-328-8008 Fax: 435-867-1042

Part 1 Account Owner Information												
NAME (as it appears in your plan)	IRA EXPRESS ACCOUNT NUMBER				ACCOUNT TYPE							
EMAIL ADDRESS						PHONE NUMB	FR					
Part 2 General Asset Information												
☐ NEW PURCHASE			☐ EXCHANGE									
NEW PURCHASE ADDITIONAL FUNDING EXCHANGE *An additional funding occurs when funds are sent out for an additional percentage of ownership of the asset that was previously purchased by your account.												
INVESTMENT NAME (Describe the investment here. i.e. John McDonald Unsecured Promi				Note) IRA PERCENTAGE OF OWNERSHIP %								
Part 3 Purchase Amount												
QUANTITY (number of shares, units, etc.)	PRICE (per share, unit)			тот	TOTAL PURCHASE PRICE (quantity times price)						
Part 4 Entity Responsible for Closing the Transaction												
			CONTACT NAI	ITACT NAME								
	1											
PHONE	FAX				EM	AIL ADDRESS						
Part 5 Investment Funding Information	n											
How would you like IRA Express to fund your investment? (Please select one of the options below)												
WIRE (Please provide wiring instructions or complete and attach a wiring instructions form)												
CHECK or CASHIERS CHECK (additional fees apply)												
Check Delivery Instructions PAYEE NAME					TELEPHONE NUMBER							
- TANKEE WIME				TEEL HORE HORIDEN								
PAYEE ADDRESS	CITY			STATE			ZIP					
Part 6 Special Instructions												
Part 7 Payment of Fees												
How would you like to pay your fees?												
Please deduct fees from my IRA Express account.		A check is enclose	ed.				ling to the information below.					
All fees are due at time of transaction. If no indication is made, fees will be deducted from your un-directed cash balance. Your transaction will not be processed unless sufficient funds are available.												



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Part 7 Payment of Fees (continued)										
Credit Card Information											
CARD TYPE (choose one):	VISA	MASTER CA	MASTER CARD		CAN EXPRESS	DISCOVER					
NAME AS IT APPEARS ON YOUR CARD		CARD NUMBER			SECURITY CODE						
EXPIRATION DATE			BILLING ADDRESS								
CITY, STATE, ZIP											
By signing below, you authorize your credit card to be charged for the option(s) chosen above. Your request will be processed upon receipt of this form. You understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the processing of the account transaction. Future changes to the option made above must be submitted in writing.											
SIGNATURE				DATE							
Part 8 Investment Acknow	wledgement										
Prior to funding, all investment docun	nents (such as clo	osing documents) must be not	ated "read an	d approved" wi	ith your signature and do	ate.					
I understand that my account is self-directed and that the Administrator and Custodian will not review the merits, legitimacy, appropriateness and/or suitability of any investment in general, including, but not limited to, any investigation and/or due diligence prior to making any investment, or in connection with my account in particular. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and the Administrator and/or Custodian have not provided, any advice with respect to the investment directive set forth in this Buy Direction Letter. I understand that it is my responsibility to conduct all due diligence, including, but not limited to, search concerning the validity of title, and all other investigation that a reasonably prudent investor would undertake prior to making any investment. I understand that neither the Administrator nor the Custodian determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), or any applicable federal, state, or local laws, including securities laws. I understand that it is my responsibility to review any investments to ensure compliance with these requirements. I understand that neither the Administrator nor the Custodian is a "fiduciary" for my account and/or my investment as such terms are defined in the IRC, ERISA, and/or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold the Administrator and/or Custodian harmless from any claims, including, but not limited to, actions, liabilities, losses, penalties, fines and/or claims by others, arising out of this Buy Direction Letter and/or this investment, including, but not limited to, claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the IRC and/or any other applicable federal, state or local laws. In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian are named as a pa											
Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of Administrator's and/or Custodian's policy. If any provision of this Buy Direction Letter is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect. For purposes of this Buy-Direction Letter, the terms Administrator and Custodian include IRA Express, Inc., its agents, assigns, joint ventures, affiliates and/or business associates. I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct and complete. **Transactions will not be processed unless sufficient funds are available. If fees are being deducted from your account, the full amount of the transaction plus fees must be available before your transaction can be processed.											
I have read and understand the disclo	sure above.										
SIGNATURE					DATE						